Form GST REG-07

[See rule 12(1)]

Application for Registration as Tax Deductor at source (u/s 51) or Tax Collector at source (u/s 52)

State /UT– District –

Part –A

(i)	Legal Name of the Tax Deductor or Tax Collector(As mentioned in Permanent Account Number/ Tax Deduction and Collection Account Number)	
(ii)	Permanent Account Number (Enter Permanent Account Number of the Business; Permanent Account Number of Individual in case of Proprietorship concern)	
(iii)	Tax Deduction and Collection Account Number (Enter Tax Deduction and Collection Account Number, if Permanent Account Number is not available)	
(iv)	Email Address	
(v)	Mobile Number	

Note *- Information submitted above is subject to online verification before proceeding to fill up Part-B.*

Part –B

1	Trade Name, if any	
2	Constitution of Business (Please Select the Appropriate)	

(i) Proprietorship	☐	(ii) Partnership	☐
(iii) Hindu Undivided Family	☐	(iv) Private Limited Company	☐
(v) Public Limited Company	☐	(vi) Society/Club/Trust/Association of Persons	☐
(vii) Government Department	☐	(viii) Public Sector Undertaking	☐
(ix) Unlimited Company	☐	(x) Limited Liability Partnership	☐
(xi) Local Authority	☐	(xii) Statutory Body	☐
(xiii) Foreign Limited Liability Partnership	☐	(xiv) Foreign Company Registered (in India)	☐
(xv) Others (Please specify)	☐		

3	Name of the State	⏏	District	⏏	
4	Jurisdiction -	State		Centre	
		Sector /Circle/ Ward /Charge/Unit etc.			
5	Type of registration	Tax Deductor	○	Tax Collector	○
6.	Government (Centre / State/Union Territory)	Center	○	State/UT	○

7.	Date of liability to deduct/collect tax	DD/MM/YYYY
8.	(a) Address of principal place of business	

Building No./Flat No.		Floor No.	
Name of the Premises/Building		Road/Street	
City/Town/Locality/Village		District	
Block/Taluka			
Latitude		Longitude	
State		PIN Code	

(b) Contact Information	
Office Email Address	Office Telephone number
Mobile Number	Office Fax Number

(c)	Nature of possession of premises				
Own	Leased	Rented	Consent	Shared	Others(specify)

9.	Have you obtained any other registrations under Goods and Serivces Tax in the same State?	Yes ☐ No ☐
10	If Yes, mention Goods and Services Tax Identification Number	
11	IEC (Importer Exporter Code), if applicable	
12	Details of DDO (Drawing and Disbursing Officer) / Person responsible for deducting tax/collecting tax	

Particulars			
Name	First Name	Middle Name	Last Name
Father's Name			
Photo			
Date of Birth	DD/MM/YYYY	Gender	<Male, Female, Other>
Mobile Number		Email address	
Telephone No. with STD			
Designation /Status		Director Identification Number (if any)	
Permanent Account Number		Aadhaar Number	
Are you a citizen of India?	Yes / No	Passport No. (in case of Foreigners)	
Residential Address			
Building No/Flat No		Floor No	

Name of the Premises/Building		Locality/Village	
State		PIN Code	

13. Details of Authorised Signatory
Checkbox for Primary Authorised Signatory ☐

Details of Signatory No. 1

Particulars	First Name	Middle Name	Last Name
Name			
Photo			
Name of Father			
Date of Birth	DD/MM/YYYY	Gender	<Male, Female, Other>
Mobile Number		Email address	
Telephone No. with STD			
Designation /Status		Director Identification Number (if any)	
Permanent Account Number		Aadhaar Number	
Are you a citizen of India?	Yes / No	Passport No. (in case of foreigners)	

Residential Address (Within the Country)			
Building No/Flat No		Floor No	
Name of the Premises/Building		Road/Street	
City/Town/Locality/Village		District	
State		PIN Code	
Block/Taluka			

Note – Add more …

14.	Consent *I on behalf of the holder of Aadhar number <pre-filled based on Aadhar number provided in the form> give consent to "Goods and Services Tax Network" to obtain my details from UIDAI for the purpose of authentication. "Goods and Services Tax Network" has informed me that identity information would only be used for validating identity of the Aadhar holder and will be shared with Central Identities Data Repository only for the purpose of authentication.*

15.	**Verification** *I hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom* (Signature) Place: Name of DDO/ Person responsible for deducting tax/collecting tax/Authorised Signatory Date: Designation

List of documents to be uploaded (not applicable to a department or establishment of the Central Government or State Government or Local Authority or Governmental agencies):-

Proof of Principal Place of Business:
(a) For Own premises –
Any document in support of the ownership of the premises like latest Property Tax Receipt or Municipal Khata copy or copy of Electricity Bill.
(b) For Rented or Leased premises –
A copy of the valid Rent / Lease Agreement with any document in support of the ownership of the premises of the Lessor like Latest Property Tax Receipt or Municipal Khata copy or copy of Electricity Bill.
(c) For premises not covered in (a) and (b) above –
A copy of the Consent Letter with any document in support of the ownership of the premises of the Consenter like Municipal Khata copy or Electricity Bill copy. For shared properties also, the same documents may be uploaded.
(d) For rented/leased premises where the Rent/lease agreement is not available, an affidavit to that effect along with any document in support of the possession of the premises like copy of Electricity Bill.
(e) If the principal place of business is located in an Special Economic Zone or the applicant is an Special Economic Zone developer, necessary documents/certificates issued by Government of India are required to be uploaded.

Instructions for submission of application for registration as Tax Deductor/ Tax Collector.
1. Enter name of Tax Deductor /Tax Collector as recorded on Tax Deduction and Collection Account Number/ Permanent Account Number of the Business. Tax Deduction and Collection Account Number/Permanent Account Number shall be verified with Income Tax database.
2. Provide Email Id and Mobile Number of DDO (Drawing and Disbursing Officer) / Person responsible for deducting tax/collecting tax for verification and future communication which will be verified through One Time Passwords to be sent separately, before filling up of the application.

3. Person who is acting as DDO/ Person deducting/collecting tax can sign the application.

4. The application filed by undermentioned persons shall be signed digitally.

Sr. No	Type of Applicant	Digital Signature required
1.	Private Limited Company Public Limited Company Public Sector Undertaking Unlimited Company Limited Liability Partnership Foreign Company Foreign Limited Liability Partnership	Digital Signature Certificate(DSC) class 2 and above
2.	Other than above	Digital Signature Certificate class 2 and above, e-Signature or any other mode as specified or as may be notified.

5. All information relating to Permanent Account Number, Aadhaar, Director Identification Number, Challan Identification Number shall be validated online by the system and Acknowledgment Receipt Number will be generated after successful validation of all the filled information.

6. Status of the application filed online can be tracked on the Common portal.

7. No fee is payable for filing application for registration.

8. Authorised shall not be a minor.

Form GST REG-08

[See rule 12(3)]

Reference No Date:

To
Name:
Address:
Application Reference No. (ARN) (Reply) Date:

Order of Cancellation of Registration as Tax Deductor at source or Tax Collector at source

This has reference to the show-cause notice issued vide Reference Number ...... dated .... for cancellation of registration under the Act.

☐ Whereas no reply to show cause notice has been filed; or
☐ Whereas on the day fixed for hearing you did not appear; or
☐ Whereas your reply to the notice to show cause and submissions made at the time of hearing have been examined. The undersigned is of the opinion that your registration is liable to be cancelled for the following reason(s).

1.
2.

The effective date of cancellation of registration is <<DD/MM/YYYY >>.

You are directed to pay the amounts mentioned below on or before ----- *(date)* failing which the amount will be recovered in accordance with the provisions of the Act and rules made thereunder.
(This order is also available on your dashboard).

Head	Integrated tax	Central tax	State tax	UT Tax	Cess
Tax					
Interest					
Penalty					
Others					
Total					

Signature
Name

Designation
Jurisdiction

Form GST REG-09

[See rule 13(1)]

Application for Registration of Non Resident Taxable Person

Part –A

State /UT – District -

(i)	Legal Name of the Non-Resident Taxable Person	
(ii)	Permanent Account Number of the Non-Resident Taxable person, if any	
(iii)	Passport number, if Permanent Account Number is not available	
(iv)	Tax identification number or unique number on the basis of which the entity is identified by the Government of that country	
(v)	Name of the Authorised Signatory (as per Permanent Account Number)	
(vi)	Permanent Account Number of the Authorised Signatory	
(vii)	Email Address of the Authorised Signatory	
(viii)	Mobile Number of the Authorised Signatory (+91)	
Note - Relevant i*nformation submitted above is subject to online verification, where practicable, before proceeding to fill up Part-B.*		

Part -B

1.	Details of Authorised Signatory (should be a resident of India)			
	First Name	Middle Name	Last Name	
	Photo			
	Gender		Male / Female / Others	
	Designation			
	Date of Birth		DD/MM/YYYY	
	Father's Name			
	Nationality			
	Aadhaar			
	Address of the Authorised signatory.		Address line 1	
			Address Line 2	
			Address line 3	
2.	Period for which registration is required	From	To	
		DD/MM/YYYY	DD/MM/YYYY	

3	Turnover Details	Estimated Turnover (Rs.)		Estimated Tax Liability (Net) (Rs.)				
		Intra- State	Inter –State	Central Tax	State Tax	UT Tax	Integrated Tax	Cess

4	Address of Non-Resident taxable person in the Country of Origin
	(In case of business entity - Address of the Office)
	Address Line 1
	Address Line 2
	Address Line 3
	Country (Drop Down)
	Zip Code
	E mail Address
	Telephone Number

5	Address of Principal Place of Business in India	
	Building No./Flat No.	Floor No.
	Name of the Premises/Building	Road/Street
	City/Town/Village/Locality	District
	Block/Taluka	
	Latitude	Longitude
	State	PIN Code
	Mobile Number	Telephone Number
	E mail Address	Fax Number with STD

6	Details of Bank Account in India					
	Account Number			Type of account		
	Bank Name		Branch Address		IFSC	

7	Documents Uploaded *A customized list of documents required to be uploaded (refer Instruction) as per the field values in the form*
8	Declaration *I hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom.* Signature Place: Name of Authorised Signatory Date: Designation:

Note: Non-Resident taxable person is required to upload declaration (as per under mentioned format) along with scanned copy of the passport and photograph.

List of documents to be uploaded as evidence are as follows:-

1.	Proof of Principal Place of Business: (a) For own premises – Any document in support of the ownership of the premises like Latest Property Tax Receipt or Municipal Khata copy or copy of Electricity Bill. (b) For Rented or Leased premises – A copy of the valid Rent / Lease Agreement with any document in support of the ownership of the premises of the Lessor like latest Property Tax Receipt or Municipal Khata copy or copy of Electricity Bill. (c) For premises not covered in (a) and (b) above – A copy of the Consent Letter with any document in support of the ownership of the premises of the Consenter like Municipal Khata copy or Electricity Bill copy. For shared properties also, the same documents may be uploaded.
2.	Proof of Non-resident taxable person: Scanned copy of the passport of the Non -resident taxable person with VISA details. In case of a business entity incorporated or established outside India, the application for registration shall be submitted along with its tax identification number or unique number on the basis of which the entity is identified by the Government of that country or it's Permanent Account Number, if available.
3	Bank Account related proof: Scanned copy of the first page of Bank passbook or the relevant page of Bank Statement or Scanned copy of a cancelled cheque containing name of the Proprietor or Business entity, Bank Account No., MICR, IFSC and Branch details including code.
4	Authorisation Form:- For each Authorised Signatory mentioned in the application form, Authorisation or copy of Resolution of the Managing Committee or Board of Directors to be filed in the following format:Declaration for Authorised Signatory (Separate for each signatory) (Details of Proprietor/all Partners/Karta/Managing Directors and whole time Director/Members of Managing Committee of Associations/Board of Trustees etc.)I/We --- (name) being (Partners/Karta/Managing Directors and whole time Director/Members of Managing Committee of Associations/Board of Trustees etc.) of ……. (name of registered person) hereby solemnly affirm and declare that <<name of the authorised signatory, (status/designation)>> is hereby authorised, vide resolution no… dated….. (Copy submitted herewith), to act as an authorised signatory for the business << Goods and Services Tax Identification Number - Name of the Business>> for which application for registration is being filed under the Act. All his actions in relation to this business will be binding on me/ us. Signature of the person competent to sign Name: Designation/Status: (Name of the proprietor/Business Entity) Acceptance as an authorised signatory Acceptance as an authorised signatory I <<(Name of the authorised signatory>> hereby solemnly accord my acceptance to act as authorised signatory for the above referred business and all my acts shall be binding on the business. Signature of Authorised Signatory Place: Date: Designation/Status:

Instructions for submission of application for registration as Non-Resident Taxable Person.

1. Enter Name of the applicant Non-Resident taxable person as recorded on Passport.
2. The applicant shall apply at least **Five** days prior to commencement of the business at the common portal.
3. The applicant needs to provide Email Id and Mobile Number for verification and future communication which will be verified through One Time Passwords to be sent separately, before filling up Part-B of the application.
4. The applicant needs to upload the scanned copy of the declaration signed by the Proprietor/all Partners /Managing Directors and whole time Director/Members of Managing Committee of Associations/Board of Trustees etc. in case the business declares a person as Authorised Signatory.
5. The application filed by the under-mentioned persons shall be signed digitally:-

Sr. No	Type of Applicant	Digital Signature required
1.	Private Limited Company Public Limited Company Public Sector Undertaking Unlimited Company Limited Liability Partnership Foreign Company Foreign Limited Liability Partnership	Digital Signature Certificate(DSC) class 2 and above
2.	Other than above	Digital Signature Certificate class 2 and above e-Signature or as may be notified

6. All information related to Permanent Account Number, Aadhaar, shall be online validated by the system and Acknowledgment Receipt Number will be generated after successful validation of all filled up information.

7. Status of the application filed online can be tracked on the common portal.

8. No fee is payable for filing application for registration

9. Authorised signatory shall be an Indian national and shall not be a minor.

Form GST REG-10

[See rule 14(1)]

Application for registration of person supplying online information and data base access or retrieval services from a place outside India to a person in India, other than a registered person.

Part –A

State /UT – District -

(i)	Legal Name of the person	
(ii)	Permanent Account Number of the person, if any	
(iii)	Tax identification number or unique number on the basis of which the entity is identified by the Government of that country	
(iv)	Name of the Authorised Signatory	
(v)	Permanent Account Number of the Authorised Signatory	
(vi)	Email Address of the Authorised Signatory	
(vii)	Mobile Number of the Authorised Signatory (+91)	

Note - Relevant i*nformation submitted above is subject to online verification, where practicable, before proceeding to fill up Part-B.*

Part -B

1.	Details of Authorised Signatory (shall be resident of India)		
	First Name	Middle Name	Last Name
	Photo		
	Gender		Male / Female / Others
	Designation		
	Date of Birth		DD/MM/YYYY
	Father's Name		
	Nationality		
	Aadhaar, if any		
	Address of the Authorised Signatory		Address line 1
			Address line 2
			Address line 3
2.	Date of commencement of the online service in India.		DD/MM/YYYY

<table>
<tr><td>3</td><td colspan="6">Uniform Resource Locators (URLs) of the website through which taxable services are provided:
1.
2.
3…</td></tr>
<tr><td>4</td><td colspan="2">Jurisdiction</td><td colspan="2">Center</td><td colspan="2"></td></tr>
<tr><td rowspan="3">5</td><td colspan="6">Details of Bank Account</td></tr>
<tr><td>Account Number</td><td colspan="2"></td><td>Type of account</td><td colspan="2"></td></tr>
<tr><td>Bank Name</td><td></td><td>Branch Address</td><td></td><td>IFSC</td><td></td></tr>
<tr><td>6</td><td colspan="6">Documents Uploaded
A customized list of documents required to be uploaded (refer Instruction) as per the field values in the form</td></tr>
<tr><td>7</td><td colspan="6">Declaration
I hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom.

I, _ ………………………… hereby declare that I am authorised to sign on behalf of the Registrant. I would charge and collect tax liable from the non-assesse online recipient located in taxable territory and deposit the same with Government of India.

Signature
Place: Name of Authorised Signatory:
Date: Designation:</td></tr>
</table>

Note: Applicant will require to upload declaration (as per under mentioned format) along with scanned copy of the passport and photograph.

List of documents to be uploaded as evidence are as follows:-

<table>
<tr><td>1.</td><td>Proof of Place of Business in India:
(a) For Own premises –
Any document in support of the ownership of the premises like Latest Property Tax Receipt or Municipal Khata copy or copy of Electricity Bill.
(b) For Rented or Leased premises –
A copy of the valid Rent / Lease Agreement with any document in support of the ownership of the premises of the Lessor like Latest Property Tax Receipt or Municipal Khata copy or copy of Electricity Bill.
(c) For premises not covered in (a) and (b) above –
A copy of the Consent Letter with any document in support of the ownership of the premises of the Consenter like Municipal Khata copy or Electricity Bill copy. For shared properties also, the same documents may be uploaded.</td></tr>
<tr><td>2.</td><td>Proof of :
Scanned copy of the passport of the Non -resident tax payer with VISA details. In case of Company/Society/LLP/FCNR/ etc. person who is holding power of attorney with authorisation letter.
Scanned copy of Certificate of Incorporation if the Company is registered outside India or in India
Scanned copy of License is issued by origin country
Scanned copy of Clearance certificate issued by Government of India</td></tr>
<tr><td>3</td><td>Bank Account Related Proof:
Scanned copy of the first page of Bank passbook / one page of Bank Statement
Opening page of the Bank Passbook held in the name of the Proprietor / Business Concern –</td></tr>
</table>

	containing the Account No., Name of the Account Holder, MICR and IFSC and Branch details.
4	Authorisation Form:- For Authorised Signatory mentioned in the application form, Authorisation or copy of Resolution of the Managing Committee or Board of Directors to be filed in the following format: Declaration for Authorised Signatory (Separate for each signatory) I ---(Managing Director/Whole Time Director/CEO or Power of Attorney holder) hereby solemnly affirm and declare that <<name of the authorised signatory>> to act as an authorised signatory for the business << Name of the Business>> for which application for registration is being filed/ is registered under the Goods and Service Tax Act, 20__. All his actions in relation to this business will be binding on me/ us. Signatures of the persons who is in charge. S. No. Full Name Designation/Status Signature 1. Acceptance as an authorised signatory I <<(Name of authorised signatory>> hereby solemnly accord my acceptance to act as authorised signatory for the above referred business and all my acts shall be binding on the business. Signature of Authorised Signatory Place (Name) Date: Designation/Status

Form GST REG-11

[See rule 15(1)]

Application for extension of registration period by casual / non-resident taxable person

<table>
<tr><td>1.</td><td colspan="2">GSTIN</td><td colspan="5"></td></tr>
<tr><td>2.</td><td colspan="2">Name (Legal)</td><td colspan="5"></td></tr>
<tr><td>3.</td><td colspan="2">Trade Name, if any</td><td colspan="5"></td></tr>
<tr><td>4.</td><td colspan="2">Address</td><td colspan="5"></td></tr>
<tr><td rowspan="2">5.</td><td colspan="2" rowspan="2">Period of Validity (original)</td><td colspan="2">From</td><td colspan="3">To</td></tr>
<tr><td colspan="2">DD/MM/YYYY</td><td colspan="3">DD/MM/YYYY</td></tr>
<tr><td rowspan="2">6.</td><td colspan="2" rowspan="2">Period for which extension is requested.</td><td colspan="2">From</td><td colspan="3">To</td></tr>
<tr><td colspan="2">DD/MM/YYYY</td><td colspan="3">DD/MM/YYYY</td></tr>
<tr><td rowspan="3">7.</td><td colspan="2">Turnover Details for the extended period (Rs.)</td><td colspan="5">Estimated Tax Liability (Net) for the extended period (Rs.)</td></tr>
<tr><td>Inter- State</td><td>Intra-State</td><td>Central Tax</td><td>State Tax</td><td>UT Tax</td><td>Integrated Tax</td><td>Cess</td></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td rowspan="3">8.</td><td colspan="7">Payment details</td></tr>
<tr><td>Date</td><td>CIN</td><td colspan="2">BRN</td><td colspan="3">Amount</td></tr>
<tr><td></td><td></td><td colspan="2"></td><td colspan="3"></td></tr>
<tr><td>9.</td><td colspan="7">Declaration -
I hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom.</td></tr>
<tr><td colspan="8">Signature
Place: Name of Authorised Signatory:
Date: Designation / Status:</td></tr>
</table>

Instructions for submission of application for extension of validity

1. The application can be filed online before the expiry of the period of validity.
2. The application can only be filed when advance payment is made.
3. After successful filing, Application Reference Number will be generated which can be used to track the status of the application.

Form GST REG-12

[See rule 16(1)]

Reference Number - **Date**:

To
(Name):
(Address):
Temporary Registration Number

Order of Grant of Temporary Registration/ Suo Moto Registration

Whereas the undersigned has sufficient reason to believe that you are liable for registration under the Act, and therefore, you are hereby registered on a temporary basis. The particulars of the business as ascertained from the business premises are given as under:

Details of person to whom temporary registration granted			
1.	Name and Legal Name, if applicable		
2.	Gender		Male/Female/Other
3.	Father's Name		
4.	Date of Birth		DD/MM/YYYY
5.	Address of the Person	Building No./ Flat No.	
		Floor No.	
		Name of Premises/ Building	
		Road/ Street	
		Town/City/Locality/ Village	
		Block / Taluka	
		District	
		State	
		PIN Code	
6.	Permanent Account Number of the person, if available		
7.	Mobile No.		
8.	Email Address		
9.	Other ID, if any (Voter ID No./ Passport No./Driving License No./ Aadhaar No./ Other)		
10.	Reasons for temporary registration		

11.	Effective date of registration / temporary ID	
12.	Registration No. / Temporary ID	

(Upload of Seizure Memo / Detention Memo / Any other supporting documents)

<<You are hereby directed to file application for proper registration within 90 days of the issue of this order>>

Signature

Place << Name of the Officer>>:

Date: Designation/ Jurisdiction:

Note: A copy of the order will be sent to the corresponding Central/ State Jurisdictional Authority.

Form GST REG-13

[See rule 17(1)]

Application/Form for grant of Unique Identity Number to UN Bodies / Embassies / others

State /Union Territory– **District –**

PART A

(i)	Name of the Entity	
(ii)	Permanent Account Number of entity, if any (applicable in case of any other person notified)	
(iii)	Name of the Authorised Signatory	
(iv)	Permanent Account Number of Authorised Signatory	
(v)	Email Address of the Authorised Signatory	
(vi)	Mobile Number of the Authorised Signatory (+91)	

PART B

1.	Type of Entity (Choose one)	UN Body ○	Embassy ○	Other Person ○
2.	Country			
3.	Notification Details		Notification No.	Date
4.	Address of the entity in State			
	Building No./Flat No.		Floor No.	
	Name of the Premises/Building		Road/Street	
	City/Town/Village		District	
	Block/Taluka			
	Latitude		Longitude	
	State		PIN Code	
	Contact Information			
	Email Address		Telephone number	
	Fax Number		Mobile Number	
7.	Details of Authorised Signatory, if applicable			
	Particulars	First Name	Middle Name	Last name
	Name			
	Photo			
	Name of Father			
	Date of Birth	DD/MM/YYYY	Gender	<Male, Female, Other>
	Mobile Number		Email address	

	Telephone No.			
	Designation /Status		Director Identification Number (if any)	
	Permanent Account Number		Aadhaar Number	
	Are you a citizen of India?	Yes / No	Passport No. (in case of foreigners)	
	Residential Address			
	Building No/Flat No		Floor No	
	Name of the Premises/Building		Road/Street	
	Town/City/Village		District	
	Block/Taluka			
	State		PIN Code	
8	Bank Account Details (add more if required)			
	Account Number		Type of Account	
	IFSC		Bank Name	
	Branch Address			
9.	Documents Uploaded *The authorised person who is in possession of the documentary evidence (other than UN Body/ Embassy etc.) shall upload the scanned copy of such documents including the copy of resolution / power of attorney, authorising the applicant to represent the entity.* ***Or*** *The proper officer who has collected the documentary evidence from the applicant (UN Body/ Embassy etc.) shall upload the scanned copy of such documents including the copy of resolution / power of attorney, authorising the applicant to represent the UN Body / Embassy etc. in India and link it along with the Unique Identity Number generated and allotted to respective UN Body/ Embassy etc.*			
11.	Verification *I hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom.*			

Place: (Signature)

Date: Name of Authorised Person:

Or

(Signature)

Place: Name of Proper Officer:

Date: Designation:

Jurisdiction:

Instructions for submission of application for registration for UN Bodies/ Embassies/others notified by the Government.

- Every person required to obtain a unique identity number shall submit the application electronically.
- Application shall be filed through common portal or registration can be granted suo-moto by proper officer.
- The application filed on the common portal is required to be signed electronically or through any other mode as specified by the Government.
- The details of the person authorised by the concerned entity to sign the refund application or otherwise, should be filled up against the "Authorised Signatory details" in the application.

Form GST REG-14

[See rule 19(1)]

Application for Amendment in Registration Particulars

(For all types of registered persons)

1. GSTIN/UIN			
2. Name of Business			
3. Type of registration			
4. Amendment summary			
Sr. No	Field Name	Effective Date (DD/MM/YYYY)	Reasons(s)

5. List of documents uploaded

(a)

(b)

(c)

…

6. Declaration

I hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom

Signature

Place: Name of Authorised Signatory

Date: Designation / Status:

Instructions for submission of application for amendment

1. Application for amendment shall be submitted online.
2. Changes relating to - Name of Business, Principal Place of Business, additional place(s) of business and details of partners or directors, karta, Managing Committee, Board of Trustees, Chief Executive Officer or equivalent, responsible for day to day affairs of the business which does not warrant cancellation of registration, are core fields which shall be approved by the Proper Officer after due verification.
3. For amendment in Non-Core fields, approval of the Proper Officer is not required.
4. Where a change in the constitution of any business results in change of the Permanent Account Number of a registered person, the said person shall be required to apply for fresh registration.
5. Any change in the mobile number or the e-mail address of authorised signatory as amended from time to time, shall be carried out only after online verification through the common portal.
6. All information related to Permanent Account Number, Aadhaar, Director Identification Number, Challan Identification Number shall be validated online by the system and Application Reference Number (ARN) will be generated after successful validation of necessary field.
7. Status of the application can be tracked on the common portal.
8. No fee is payable for submitting application for amendment.
9. Authorised signatory shall not be a minor.

Form GST REG-15
[See rule 19(1)]

Reference Number - << >> Date – DD/MM/YYYY

To
(Name)
(Address)
Registration Number (GSTIN / UIN)

Application Reference No. (ARN) Dated – DD/MM/YYYY

Order of Amendment

This has reference to your application number------ dated ---- regarding amendment in registration particulars. Your application has been examined and the same has been found to be in order. The amended certificate of registration is available on your dashboard for download.

Signature
Name
Designation
Jurisdiction

Date
Place

Form GST REG-16
[See rule 20]

Application for Cancellation of Registration

1	GSTIN				
2	Legal name				
3	Trade name, if any				
4	Address of Principal Place of Business				
5	Address for future correspondence (including email, mobile telephone, fax)	Building No./ Flat No.		Floor No.	
		Name of Premises/ Building		Road/ Street	
		City/Town/ Village		District	
		Block/Taluka			
		Latitude		Longitude	
		State		PIN Code	
		Mobile (with country code)		Telephone	
		email		Fax Number	
6.	Reasons for Cancellation (Select one)	o Discontinuance /Closure of business o Ceased to be liable to pay tax o Transfer of business on account of amalgamation, merger/ demerger, sale, lease or otherwise disposed of etc. o Change in constitution of business leading to change in Permanent Account Number o Death of Sole Proprietor o Others (specify)			

7.	In case of transfer, merger of business, particulars of registration of entity in which merged, amalgamated, transferred, etc.				
(i)	Goods and Services Tax Identification Number				
(ii)	(a) Name (Legal)				
	(b) Trade name, if any				
(iii)	Address of Principal Place of Business	Building No./ Flat No.		Floor No.	
		Name of Premises/ Building		Road/ Street	
		City/Town/ Village		District	
		Block/Taluka			

		Latitude		Longitude	
		State		PIN Code	
		Mobile (with country code)		Telephone	
		email		Fax Number	
8.	Date from which registration is to be cancelled.		<DD/MM/YYYY>		

9	Particulars of last Return Filed
(i)	Tax period
(ii)	Application Reference Number
(iii)	Date
10.	Amount of tax payable in respect of inputs/capital goods held in stock on the effective date of cancellation of registration.

Description	Value of Stock (Rs.)	Input Tax Credit/ Tax Payable (whichever is higher) (Rs.)				
		Central Tax	State Tax	UT Tax	Integrated Tax	Cess
Inputs						
Inputs contained in semi-finished goods						
Inputs contained in finished goods						
Capital Goods/Plant and machinery						
Total						

11. Details of tax paid, if any

Payment from Cash Ledger

Sr. No.	Debit Entry No.	Central Tax	State Tax	UT Tax	Integrated Tax	Cess
1.						
2.						
	Sub-Total					

Payment from ITC Ledger

Sr. No.	Debit Entry No.	Central Tax	State Tax	UT Tax	Integrated Tax	Cess
1.						
2.						
	Sub-Total					
Total Amount of Tax Paid						

12. Documents uploaded

13. Verification

I/We <> hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.

Signature of Authorised Signatory

Place	Name of the Authorised Signatory
Date	Designation / Status

Instructions for filing of Application for Cancellation

- A registered person seeking cancellation of his registration shall electronically submit an application including details of closing stock and liability thereon along with relevant documents, on common portal.
- The following persons shall digitally sign application for cancellation, as applicable:

Constitution of Business	Person who can digitally sign the application
Proprietorship	Proprietor
Partnership	Managing / Authorised Partners
Hindu Undivided Family	Karta
Private Limited Company	Managing / Whole-time Directors/ Chief Executive Officer
Public Limited Company	Managing / Whole-time Directors/ Chief Executive Officer
Society/ Club/ Trust/ AOP	Members of Managing Committee
Government Department	Person In charge
Public Sector Undertaking	Managing / Whole-time Directors/ Chief Executive Officer
Unlimited Company	Managing / Whole-time Directors/ Chief Executive Officer
Limited Liability Partnership	Designated Partners
Local Authority	Chief Executive Officer or Equivalent
Statutory Body	Chief Executive Officer or Equivalent
Foreign Company	Authorised Person in India
Foreign Limited Liability Partnership	Authorised Person in India
Others	Person In charge

In case of death of sole proprietor, application shall be made by the legal heir / successor manually before the concerned tax authorities. The new entity in which the applicant proposes to amalgamate itself shall register with the tax authority before submission of the application for cancellation. This application shall be made only after that the new entity is registered.
Before applying for cancellation, please file **your tax return due** for the tax period in which the effective date of surrender of registration falls.

- Status of the Application may be tracked on the common portal.
- No fee is payable for filing application for cancellation.
- After submission of application for cancellation of registration, the registered person shall make payment, if not made at the time of this application, and shall furnish final return as provided in the Act.
- The registered person may also update his contact address and update his mobile number and e mail address.

Form GST REG -17

[See rule 22(1)]

Reference No. - << Date >>

To
Registration Number (GSTIN/UIN)
(Name)
(Address)

Show Cause Notice for Cancellation of Registration

Whereas on the basis of information which has come to my notice, it appears that your registration is liable to be cancelled for the following reasons: -

1
2
3
....

□ You are hereby directed to furnish a reply to this notice within seven working days from the date of service of this notice .

□ You are hereby directed to appear before the undersigned on DD/MM/YYYY at HH/MM

If you fail to furnish a reply within the stipulated date or fail to appear for personal hearing on the appointed date and time, the case will be decided ex parte on the basis of available records and on merits

Place:
Date:

Signature
< Name of the Officer>
Designation
Jurisdiction

Form GST REG- 18

[See rule 22(2)]

Reply to the Show Cause Notice issued for cancellation for registration

1.	Reference No. of Notice		Date of issue	
2.	GSTIN / UIN			
3.	Name of business (Legal)			
4.	Trade name, if any			
5.	Reply to the notice			
6.	List of documents uploaded			
7.	Verification I ____________________________________ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom. Signature of Authorised Signatory Name Designation/Status Place Date			

Form GST REG-19

[See rule 22(3)]

Reference No. - Date

To

Name

Address

GSTIN / UIN

Application Reference No. (ARN) Date

Order for Cancellation of Registration

This has reference to your reply dated ---- in response to the notice to show cause dated -----.

☐ Whereas no reply to notice to show cause has been submitted; or

☐ Whereas on the day fixed for hearing you did not appear; or

☐ Whereas the undersigned has examined your reply and submissions made at the time of hearing, and is of the opinion that your registration is liable to be cancelled for following reason(s).

1.

2.

The effective date of cancellation of your registration is <<DD/MM/YYYY >>.

<u>Determination of amount payable pursuant to cancellation:</u>

Accordingly, the amount payable by you and the computation and basis thereof is as follows:

The amounts determined as being payable above are without prejudice to any amount that may be found to be payable you on submission of final return furnished by you.

You are required to pay the following amounts on or before ------ (date) failing which the amount will be recovered in accordance with the provisions of the Act and rules made thereunder.

Head	Central Tax	State Tax	UT Tax	Integrated Tax	Cess
Tax					
Interest					
Penalty					
Others					
Total					

Place:

Date:

Signature

< Name of the Officer>

Designation

Jurisdiction

Form GST REG-20

[See rule 22(4)]

Reference No. - Date

To

Name

Address

GSTIN/UIN

Show Cause Notice No. Date

Order for dropping the proceedings for cancellation of registration

This has reference to your reply dated ----- in response to the notice to show cause notice dated DD/MM/YYYY. Upon consideration of your reply and/or submissions made during hearing, the proceedings initiated for cancellation of registration stands vacated due to the following reasons:

<< text >>

Signature

< Name of the Officer>

Designation

Jurisdiction

Place:

Date:

Form GST REG-21

[See rule 23(1)]

Application for Revocation of Cancellation of Registration

1.	GSTIN (cancelled)					
2.	Legal Name					
3.	Trade Name, if any					
4.	Address (Principal place of business)					
5.	Cancellation Order No.			Date –		
6	Reason for cancellation					
7	Details of last return filed					
	Period of Return		Application Reference Number		Date of filing	DD/MM/YYYY
8	Reasons for revocation of cancellation	Reasons in brief. (Detailed reasoning can be filed as an attachment)				
9	Upload Documents					
10.	Verification I hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom. Signature of Authorised Signatory Full Name (first name, middle, surname) Designation/Status Place Date					

Instructions for submission of application for revocation of cancellation of registration

- A person, whose registration is cancelled by the proper officer on his own motion, may apply for revocation of cancellation of registration, within thirty days from the date of service of the order of cancellation of registration at the common portal No application for revocation shall be submitted if the registration has been cancelled for the failure to furnish returns unless such returns are furnished and any amount due as tax in terms of such returns has been paid along with any amount payable towards interest, penalty and late fee payable in respect of the said returns.
- Any change in the mobile number or the e-mail address of authorised signatory submitted as amended from time to time, shall be carried out only after online verification through the common portal in the manner provided
- Status of the application can be tracked on the common portal.
- No fee is payable for filing application for revocation of cancellation.

Form GST REG-22

[See rule 23(2]

Reference No. - Date

To
GSTIN / UIN
(Name of Taxpayer)
(Address)

Application Reference No. (ARN) Date

Order for revocation of cancellation of registration

This has reference to your application dated DD/MM/YYYY for revocation of cancellation of registration. Your application has been examined and the same has been found to be in order. Accordingly, your registration is restored.

Signature
Name of Proper officer
(Designation)
Jurisdiction –

Date
Place

Form GST REG-23
[See rule 23(3)]

Reference Number : Date

To
Name of the Applicant/ Taxpayer
Address of the Applicant/Taxpayer
GSTIN
Application Reference No. (ARN): Dated

Show Cause Notice for rejection of application for revocation of cancellation of registration

This has reference to your application dated DD/MM/YYYY regarding revocation of cancellation of registration. Your application has been examined and the same is liable to be rejected for the following reasons:
1.
2.
3.
...

☐ You are hereby directed to furnish a reply to this notice within seven working days from the date of service of this notice.

☐ You are hereby directed to appear before the undersigned on DD/MM/YYYY at HH/MM.
If you fail to furnish a reply within the stipulated day or you fail to appear for personal hearing on the appointed date and time, the case will be decided ex parte on the basis of available records and on merits

Signature
Name of the Proper Officer
Designation
Jurisdiction

Form GST REG-24

[See rule 23(3)]

Reply to the notice for rejection of application for revocation of cancellation of registration

1.	Reference No. of Notice		Date	
2.	Application Reference No. (ARN)		Date	
3.	GSTIN, if applicable			
4.	Information/reasons			
5.	List of documents filed			
6.	Verification I ________________________________ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom. Signature of Authorised Signatory Name Place Designation/Status Date			

Government of India

Form GST REG-25
[See rule 24(1)]

Certificate of Provisional Registration

1.	GSTIN		
2.	Permanent Account Number		
3.	Legal Name		
4.	Trade Name		
5.	Registration Details under Existing Law		
	Act	Registration Number	
(a)			
(b)			
(c)			
Date	<Date of creation of Certificate>		

This is a Certificate of Provisional Registration issued under the provisions of the Act.

Form GST REG-26

[See rule 24(2)]

Application for Enrolment of Existing Taxpayer	
Taxpayer Details	
1. Provisional ID	
2. Legal Name (As per Permanent Account Number)	
3. Legal Name (As per State/Center)	
4. Trade Name, if any	
5. Permanent Account Number of Business	
6. Constitution	
7. State	
7A Sector, Circle, Ward, etc. as applicable	
7B. Center Jurisdiction	
8. Reason of liability to obtain Registration	Registration under earlier law

9. Existing Registrations

Sr. No.	Type of Registration	Registration Number	Date of Registration
1	TIN Under Value Added Tax		
2	Central Sales Tax Registration Number		
3	Entry Tax Registration Number		
4	Entertainment Tax Registration Number		
5	Hotel And Luxury Tax Registration Number		
6	Central Excise Registration Number		
7	Service Tax Registration Number		
8	Corporate Identify Number/Foreign Company Registration		
9	Limited Liability Partnership Identification Number/Foreign Limited Liability Partnership Identification Number		
10	Import/Exporter Code Number		
11	Registration Under Duty Of Excise On Medicinal And Toiletry Act		
12	Others (Please specify)		

10. Details of Principal Place of Business			
Building No. /Flat No.		Floor No	
Name of the Premises/Building		Road/Street	
Locality/Village		District	
State		PIN Code	
Latitude		Longitude	
Contact Information			
Office Email Address		Office-Telephone Number	
Mobile Number		Office Fax No	
10A. Nature of Possession of Premises	(Own; Leased; Rented; Consent; Shared)		
10B. Nature of Business Activities being carried out			
Factory / Manufacturing ○	Wholesale Business ○	Retail Business ○	Warehouse/Depot ○
Bonded Warehouse ○	Service Provision ○	Office/Sale Office ○	Leasing Business ○
Service Recipient ○	EOU/ STP/ EHTP ○	SEZ ○	Input Service Distributor (ISD) ○
Works Contract ○	Others (Specify) ○		
11. Details of Additional Places of Business			
Building No/Flat No		Floor No	
Name of the Premises/Building		Road/Street	
Locality/Village		District	
State		PIN Code	
Latitude (Optional)		Longitude(Optional)	
Contact Information			
Office Email Address		Office Telephone Number	
Mobile Number		Office Fax No	
11A.Nature of Possession of Premises	(Own; Leased; Rented; Consent; Shared)		
11B.Nature of Business Activities being carried out			
Factory / Manufacturing ○	Wholesale Business ○	Retail Business ○	Warehouse/Depot ○
Bonded Warehouse ○	Service Provision ○	Office/Sale Office ○	Leasing Business ○
Service Recipient ○	EOU/ STP/ EHTP ○	SEZ ○	Input Service Distributor (ISD) ○
Works Contract ○	Others (Specify) ○		
Add More --------			

12. Details of Goods/ Services supplied by the Business		
Sr. No.	Description of Goods	HSN Code

Sr. No.	Description of Services	HSN Code

13. Total Bank Accounts maintained by you for conducting Business

Sr. No.	Account Number	Type of Account	IFSC	Bank Name	Branch Address

14. Details of Proprietor/all Partners/Karta/Managing Directors and whole time Director/Members of Managing Committee of Associations/Board of Trustees etc.

Name	<First Name>	<Middle Name>	<Last Name>	<Photo>
Name of Father/Husband	<First Name>	<Middle Name>	<Last Name>	
Date of Birth DD/ MM/ YYYY	Gender		<Male, Female, Other>	
Mobile Number		Email Address		
Telephone Number				

Identity Information			
Designation		Director Identification Number	
Permanent Account Number		Aadhaar Number	
Are you a citizen of India?	<Yes/No>	Passport Number	
Residential Address			
Building No/Flat No		Floor No	
Name of the Premises/Building		Road/Street	
Locality/Village		District	
State		PIN Code	

15. Details of Primary Authorised Signatory

Name	<First Name>	<Middle Name>	<Last Name>	<Photo>
Name of Father/Husband	<First Name>	<Middle Name>	<Last Name>	
Date of Birth	DD / MM / YYYY	Gender	<Male, Female, Other>	
Mobile Number		Email Address		
Telephone Number				
Identity Information				
Designation		Director Identification Number		

Permanent Account Number		Aadhaar Number	
Are you a citizen of India?	<Yes/No>	Passport Number	
Residential Address			
Building No/Flat No		Floor No	
Name of the Premises/Building		Road/Street	
Locality/Village		District	
State		PIN Code	
Add More ---			

List of Documents Uploaded

A customized list of documents required to be uploaded as per the field values in the form should be auto-populated with provision to upload relevant document against each entry in the list. (Refer instruction)

16. Aadhaar Verification

I on behalf of the holders of Aadhaar numbers provided in the form, give consent to "Goods and Services Tax Network" to obtain details from UIDAI for the purpose of authentication. "Goods and Services Tax Network" has informed me that identity information would only be used for validating identity of the Aadhaar holder and will be shared with Central Identities Data Repository only for the purpose of authentication.

17. Declaration

I, hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom.

Digital Signature/E-Sign

Name of the Authorised Signatory		Place	
Designation of Authorised Signatory		Date	

Instructions for filing of Application for enrolment

1. Every person, other than a person deducting tax at source or an Input Service Distributor, registered under an existing law and having a Permanent Account Number issued under the Income-tax Act, 1961 (Act 43 of 1961) shall enroll on the common portal by validating his e-mail address and mobile number.
2. Upon enrolment under clause (a), the said person shall be granted registration on a provisional basis and a certificate of registration in **FORM GST REG-25**, incorporating the Goods and Services Tax Identification Number therein, shall be made available to him on the common portal:
3. Authorisation Form:-

For each Authorised Signatory mentioned in the application form, Authorisation or copy of Resolution of the Managing Committee or Board of Directors to be filed in the following format:

Declaration for Authorised Signatory (Separate for each signatory)

I ---

(Details of Proprietor/all Partners/Karta/Managing Directors and whole time Director/Members of Managing Committee of Associations/Board of Trustees etc)

1. << Name of the Proprietor/all Partners/Karta/Managing Directors and whole time Director/Members of Managing Committee of Associations/Board of Trustees etc>>

2.

3.

hereby solemnly affirm and declare that <<name of the authorised signatory>> to act as an authorised signatory for the business << Goods and Services Tax Identification Number - Name of the Business>> for which application for registration is being filed/ is registered under the Central Goods and Service Tax Act, 2017.

All his actions in relation to this business will be binding on me/ us.

Signatures of the persons who are Proprietor/all Partners/Karta/Managing Directors and whole time Director/Members of Managing Committee of Associations/Board of Trustees etc.

S. No.	Full Name	Designation/Status	Signature
1.			
2.			

Acceptance as an authorised signatory

I <<(Name of the authorised signatory>> hereby solemnly accord my acceptance to act as authorised signatory for the above referred business and all my acts shall be binding on the business.

Signature of Authorised Signatory

Designation/Status

Date

Place

Instructions for filing online form

- Enter your Provisional ID and password as provided by the State/Commercial Tax/Central Excise/Service Tax Department for log in on the GST Portal.
- Correct Email address and Mobile number of the Primary Authorised Signatory are to be provided. The Email address and Mobile Number would be filled as contact information of the Primary Authorised Signatory.
- E mail and Mobile number to be verified by separate One Time Passwords. Taxpayer shall change his user id and password after first login.
- Taxpayer shall require to fill the information required in the application form related details of Proprietor/all Partners/Karta/Managing Directors and whole time Director/Members of Managing Committee of Associations/Board of Trustees, Principal Place of Business and details in respect of Authorised signatories.
- Information related to additional place of business, Bank account, commodity in respect of goods and services dealt in (top five) are also required to be filled.
- Applicant need to upload scanned copy of the declaration signed by the Proprietor/all Partners/Karta/Managing Directors and whole time Director/Members of Managing Committee of Associations/Board of Trustees etc. in case he/she declares a person as Authorised Signatory as per Annexure specified. Documents required to be uploaded as evidence are as follows:-

1.	Photographs wherever specified in the Application Form (maximum 10) Proprietary Concern – Proprietor Partnership Firm / Limited Liability Partnership – Managing/ Authorised Partners (personal details of all partners is to be submitted but photos of only ten partners including that of Managing Partner is to be submitted) Hindu Undivided Family – Karta Company – Managing Director or the Authorised Person

	Trust – Managing Trustee Association of Person or Body of Individual –Members of Managing Committee (personal details of all members is to be submitted but photos of only ten members including that of Chairman is to be submitted) Local Body – Chief Executive Officer or his equivalent Statutory Body – Chief Executive Officer or his equivalent Others – Person in Charge
2.	Constitution of business: Partnership Deed in case of Partnership Firm, Registration Certificate/Proof of Constitution in case of Society, Trust, Club, Government Department, Association of Person or Body of Individual, Local Authority, Statutory Body and Others etc.
3.	Proof of Principal/Additional Place of Business: (a) For Own premises – Any document in support of the ownership of the premises like Latest Property Tax Receipt or Municipal Khata copy or copy of Electricity Bill. (b) For Rented or Leased premises – A copy of the valid Rent / Lease Agreement with any document in support of the ownership of the premises of the Lessor like Latest Property Tax Receipt or Municipal Khata copy or copy of Electricity Bill. (c) For premises not covered in (a) and (b) above – A copy of the Consent Letter with any document in support of the ownership of the premises of the Consenter like Municipal Khata copy or Electricity Bill copy. For shared properties also, the same documents may be uploaded.
4	Bank Account Related Proof: Scanned copy of the first page of Bank passbook / one page of Bank Statement Opening page of the Bank Passbook held in the name of the Proprietor / Business Concern – containing the Account No., Name of the Account Holder, MICR and IFSC and Branch details.
5	For each Authorised Signatory: Letter of Authorisation or copy of Resolution of the Managing Committee or Board of Directors to that effect as specified.

- After submitting information electronic signature shall be required. Following person can electronically sign application for enrolment:-

Constitution of Business	Person who can digitally sign the application
Proprietorship	Proprietor
Partnership	Managing / Authorised Partners
Hindu Undivided Family	Karta
Private Limited Company	Managing / Whole-time Directors and Managing Director/Whole Time Director/ Chief Executive Officer
Public Limited Company	Managing / Whole-time Directors and Managing Director/Whole Time Director/ Chief Executive Officer
Society/ Club/ Trust/ AOP	Members of Managing Committee
Government Department	Person In charge
Public Sector Undertaking	Managing / Whole-time Director and Managing Director/Whole Time Director/ Chief Executive Officer
Unlimited Company	Managing/ Whole-time Director and Managing Director/Whole Time Director/ Chief Executive

	Officer
Limilted Liability Partnership	Designated Partners
Local Authority	Chief Executive Officer or Equivalent
Statutory Body	Chief Executive Officer or Equivalent
Foreign Company	Authorised Person in India
Foreign Limited Liability Partnership	Authorised Person in India
Others	Person In charge

- Application is required to be mandatorily digitally signed as per following :-

Sl. No	Type of Applicant	Digital Signature required
1.	Private Limited Company Public Limited Company Public Sector Undertaking Unlimited Company Limited Liability Partnership Foreign Company Foreign Limited Liability Partnership	Digital Signature Certificate(DSC) Class 2 and above
2.	Other than above	Digital Signature Certificate class 2 and above e-Signature

Note :- 1. Applicant shall require to register their DSC on common portal.
2. e-Signature facility will be available on the common portal for Aadhar holders.

All information related to Permanent Account Number, Aadhaar, Director Identification Number, Challan Identification Number, Limited Liability Partnership Identification Number shall be online validated by the system and Acknowledgment Reference Number will be generated after successful validation of all the filled up information.

Status of the online filed Application can be tracked on the common portal.

1. Authorised signatory should not be minor.
2. No fee is applicable for filing application for enrolment.

Acknowledgement

Enrolment Application - Form GST- has been filed against Application Reference Number (ARN) <.........>.		
Form Number	:	<.......-......>
Form Description:		<Application for Enrolment of Existing Taxpayers>
Date of Filing	:	<DD/MM/YYYY>
Taxpayer Trade Name	:	<Trade Name>
Taxpayer Legal Name	:	<Legal Name as shared by State/Center>
Provisional ID Number	:	<Provisional ID Number>
It is a system generated acknowledgement and does not require any signature		

Form GST REG-27
[See rule – 24(3)]

Reference No. <<Date-DD/MM/YYYY>>
To
Provisional ID
Name
Address

Application Reference Number (ARN) < > Dated <DD/MM/YYYY>

Show Cause Notice for cancellation of provisional registration

This has reference to your application dated ------. The application has been examined and the same has not been found to be satisfactory for the following reasons:-
1
2
...

You are hereby directed to show cause as to why the provisional registration granted to you shall not be cancelled.

Signature

Name of the Proper Officer
Designation
Jurisdiction

Date
Place

Form GST REG-28

[See rule 24(3)]

Reference No. - << Date–DD/MM/YYYY>>

To
Name
Address
GSTIN / Provisional ID

Application Reference No. (ARN) Dated – DD/MM/YYYY

Order for cancellation of provisional registration

This has reference to your reply dated ---- in response to the notice to show cause dated -----.

☐ Whereas no reply to notice to show cause has been submitted; or
☐ Whereas on the day fixed for hearing you did not appear; or
☐ Whereas the undersigned has examined your reply and submissions made at the time of hearing, and is of the opinion that your provisional registration is liable to be cancelled for following reason(s).

1.
2.

Determination of amount payable pursuant to cancellation of provisional registration:

Accordingly, the amount payable by you and the computation and basis thereof is as follows:
You are required to pay the following amounts on or before ------ (date) failing which the amount will be recovered in accordance with the provisions of the Act and rules made thereunder.

Head	Central Tax	State Tax	UT Tax	Integrated Tax	Cess
Tax					
Interest					
Penalty					
Others					
Total					

Place:
Date:

Signature
< Name of the Officer>
Designation
Jurisdiction

Form GST REG-29
[See rule 24(4)]

Application for cancellation of provisional registration

Part A

(i) Provisional ID	
(ii) Email ID	
(iii) Mobile Number	

Part B

1. Legal Name (As per Permanent Account Number)	

2. Address for correspondence

Building No./ Flat No.		Floor No.	
Name of Premises/ Building		Road/ Street	
City/Town/ Village/Locality		District	
Block/Taluka			
State		PIN	

3. Reason for Cancellation	

4. Have you issued any tax invoice during GST regime? YES ☐ NO ☐

5. Declaration

(i) I <Name of the Proprietor/Karta/Authorised Signatory>, being <Designation> of <Legal Name ()> do hereby declare that I am not liable to registration under the provisions of the Act.

6. Verification

I < > hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my knowledge and belief and nothing has been concealed.

Aadhaar Number		Permanent Account Number	

Signature of Authorised Signatory

Full Name	
Designation / Status	
Place	
Date	DD/MM/YYYY

Form GST REG-30

[See rule 25]

Form for Field Visit Report

Center Jurisdiction (Ward/Circle/Zone)

Name of the Officer:- << to be prefilled>>

Date of Submission of Report:-

Name of the taxable person

GSTIN/UIN –

Task Assigned by:- < Name of the Authority- to be prefilled>

Date and Time of Assignment of task:- < System date and time>

Sr. No.	Particulars	Input
1.	Date of Visit	
2.	Time of Visit	
3.	Location details :	
	Latitude	Longitude
	North – Bounded By	South – Bounded By
	West – Bounded By	East – Bounded By
4.	Whether address is same as mentioned in application.	Y / N
5.	Particulars of the person available at the time of visit	
(i)	Name	
(ii)	Father's Name	
(iii)	Residential Address	
(iv)	Mobile Number	
(v)	Designation / Status	
(vi)	Relationship with taxable person, if applicable.	
6.	Functioning status of the business	Functioning - Y / N
7.	Details of the premises	
	Open Space Area (in sq m.) - (approx.)	
	Covered Space Area (in sq m.) - (approx.)	
	Floor on which business premises located	
8.	Documents verified	Yes/No
9.	Upload photograph of the place with the person who is present at the place where site verification is conducted.	
10.	Comments (not more than < 1000 characters> Place: Date:	Signature Name of the Officer: Designation: Jurisdiction:

By order and in the name of the Governor of Chhattisgarh,

A. P. TRIPATHI, Special Secretary.

संचालक, मुद्रण तथा लेखन सामग्री, छत्तीसगढ़ द्वारा शासकीय मुद्रणालय, रायपुर से मुद्रित तथा प्रकाशित - 2017.